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34036 7590 09/21/2005

**SILICON VALLEY PATENT GROUP LLP  
2350 MISSION COLLEGE BOULEVARD  
SUITE 360  
SANTA CLARA, CA 95054**

12/19/2005 RMEBRAH1 00000079 09874904

01 FC:1501 1400.00 OP  
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<b>OMKAR SURYADEVARA</b>	(Depositor's name)
<b>S. Omkar</b>	(Signature)
<b>Dec 14, 2005</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/874,904	06/04/2001	Jason Dove	CLX016 US	3735

**TITLE OF INVENTION:** TRAFFIC MERGING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/21/2005

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAN, MAN U	2665	370-390000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **SILICON VALLEY PATENT GROUP LLP**

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**CALIX NETWORKS, INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**PETALUMA, CALIFORNIA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number **50-2263** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature **S. Omkar**

Date **Dec 14, 2005**

Typed or printed name **OMKAR SURYADEVARA**

Registration No. **36,320**

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